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APPLICANTS

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** CONTINUING DATA ***** *XS*

This application is a CON of 10/171,375 06/13/2002 PAT 6,668,241
 which is a CON of 09/687,635 10/13/2000 PAT 6,434,514 *yes*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS <i>2042</i>	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>2/2/04</i>	Examiner's Signature <i>[Signature]</i>	Initials <i>XS</i>		

ADDRESS

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TITLE

Rule based capacity management system for an inter office facility

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)